

EXHIBIT A

PFV/AJIS 0107852 NAME HARRISON, MARTIN DATE 08/31/10 TIME 1620
 G# BDH226 D.O.B. [REDACTED] SEX M REMARKS NEOA
 PREVIOUS COMMITMENT 1 ALLERGIES

VISUAL OBSERVATIONS (EXPLAIN "YES" ANSWERS) CIRCLE Y OR N

YES NO

1. Is inmate unconscious, or showing signs of bleeding, injury, pain or other symptoms suggesting need for emergency medical referral? Y N
2. Is inmate carrying prescribed medication? Y N
3. Is there obvious fever or other evidence of infection? Y N
4. Is there evidence of body vermin, rashes, needle marks? Y N
5. Does inmate appear to be under the influence of, or withdrawing from drug, alcohol, or other unknown substance, or any signs of abnormal behavior? Y N
6. Is there evidence of skin lesions, jaundice, or bruises? Y N
7. Is inmate's mobility restricted in any way? Y N
8. Does inmate appear agitated, depressed, or confused? Y N
9. Does inmate appear developmentally delayed? Y N
10. Does inmate have a prosthesis, eye glasses, contact lens: not in possession Y N

INMATE QUESTIONNAIRE (EXPLAIN "YES" ANSWERS) CIRCLE Y OR N

11. Ever had diabetes, seizures, asthma, ulcers, high blood pressure, or a heart condition? Y N
12. Do you have a psychiatric disorder? What? Last episode Y N
13. Are you suicidal now or in the past? When? How? Y N
14. Been hospitalized by a psychiatrist or physician in the past year? If yes explain Y N
15. Taking medications prescribed by a psychiatrist or physician? (Drug dose, frequency, and last dose) Y N
16. On a special diet prescribed by a physician? What? Y N
17. Been exposed to or have a contagious or communicable disease? (i.e. AIDS, Hepatitis, sexually transmitted disease, tuberculosis) Y N
18. Do you have fever, chills, weight loss, night sweats, cough, fatigue, hemoptysis? Y N
19. BPD Given RAA HX of Positive TB Skin test Y N
20. Have any dental problems? Dentures? 91 - 42 - today Y N
21. Use Alcohol? (type, amount, last use?) 91 - 42 - today Y N
22. Use drugs? (type, amount, last use?) 91 - 42 - today Y N
23. Females: Last menses Urine HCG Neg. Pos.
 Pregnant? Birth control? Recent delivered or aborted?
24. Have any other medical or mental disabilities you have not told me about? Y N
25. Vital signs T 97.6 P 78 R 18 BP 120/70 142/100
26. Comments 21 - 2nd of 4th - 10/10 - 12/10

27. Disposition: Emergency Treatment Infirmary Next Clinic Future Clinic
 Isolation Observation Log Psychiatric

I acknowledge that I have answered all questions truthfully and that I have been told and shown in writing how to obtain medical services.

Nurses Signature

Z. Sancho, LVN

Date/Time

Inmates Signature

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